

State of Minnesota**District Court**

County

Judicial District: _____

Court File Number: _____

Case Type: _____

☐ In Re the Marriage of:

Plaintiff / Petitioner

vs / and

Defendant / Respondent

Intervenor

STATE OF MINNESOTA)
COUNTY OF _____) SS
(County where Affidavit Signed)

Affidavit in Support of Motion to Modify Child Support

My name is _____. I am the
(check one) ☐ (Petitioner/Plaintiff) ☐ (Respondent/Defendant) in this case, and I state under
oath the following information:

Reasons Why the Existing Order Should Be Changed:

- I request a change in the existing support order because of *(check all that apply)*:
 - ☐ Substantially increased or decreased earnings of the *(check one)*
 - ☐ Oblige (receiving payments) ☐ Obligor (making payments)
 - ☐ Substantially increased or decreased needs of the *(check at least one)*
 - ☐ child(ren) ☐ Oblige ☐ Obligor
 - ☐ Receipt of public assistance by the *(check one)* ☐ Oblige ☐ Obligor
 - ☐ A change in the cost-of-living for *(check one)* ☐ Oblige ☐ Obligor
 - ☐ Extraordinary medical and/or dental expenses of the child(ren).
 - ☐ A change in the availability of health or dental insurance coverage.
 - ☐ A substantial increase or decrease in existing work-related or education-related child care expenses of the *(check one)* ☐ Oblige ☐ Obligor
 - ☐ Receipt of social security benefits by the ☐ Oblige ☐ Obligor ☐ child(ren)
 - ☐ A change in the residence of the child(ren)
 - ☐ Emancipation of a child (name of child): _____.

2. I make the following other comments in support of my request for a change to the existing support order:

Information From Existing Support Order:

3. I am the parent of the following children involved in this case (*list only children involved in this case, and for each child check if you are the obligee (receiving payments) or obligor (making payments)*):

Child's Name	Date of birth	Obligee / Obligor
		<input type="checkbox"/> Obligee <input type="checkbox"/> Obligor
		<input type="checkbox"/> Obligee <input type="checkbox"/> Obligor
		<input type="checkbox"/> Obligee <input type="checkbox"/> Obligor
		<input type="checkbox"/> Obligee <input type="checkbox"/> Obligor
		<input type="checkbox"/> Obligee <input type="checkbox"/> Obligor

4. The existing child support order was issued by the court in _____ County and is dated _____. In that Order, I am the (*check one*)
☐ Obligor (*making payments*) ☐ Obligee (*receiving payments*)

5. At the time the existing order was issued, I was (*check one*):

☐ Unemployed.

☐ Employed at _____ (company or occupation) and earned \$ _____ per ☐ hour ☐ week ☐ month with a monthly net income of \$ _____ and had other monthly income totaling \$ _____ from _____ (list all sources, such as employment, public assistance, social security, or other source).

6. At the time the existing order was issued, the child(ren) received monthly benefits in the amount of \$ _____ from _____
(list all sources such as social security benefits)

Current Information:

7. I am currently (*check one*) ☐ employed ☐ unemployed (*if employed, answer the following*):

a. Employer: _____

b. Address: _____

c. Work telephone number: _____

d. Occupation: _____

e. Length of employment: _____

f. Supervisor: _____

g. Gross Pay: \$ _____ Net Pay: \$ _____

- h. Paid: ☐ Weekly ☐ Every other week ☐ Twice a month ☐ Monthly
i. Number of withholding exemptions: _____
j. Previously employed by _____
for _____ years prior to the above employment.
k. Cost of monthly medical insurance for self: \$ _____
l. Cost of monthly medical insurance for dependents: \$ _____
m. Cost of monthly dental insurance for self: \$ _____
n. Cost of monthly dental insurance for dependents: \$ _____
o. If insurance coverage is in place, list the names of who the insurance covers: _____

8. To the best of my knowledge, the other parent is currently:
(check one) ☐ employed ☐ unemployed (if employed, answer the following):
a. Employer: _____
b. Address: _____
c. Work telephone number: _____
d. Occupation: _____
e. Length of employment: _____
f. Supervisor: _____
g. Gross Pay: \$ _____ Net Pay: \$ _____
h. Paid: ☐ Weekly ☐ Every other week ☐ Twice a month ☐ Monthly ☐ Unknown
i. Number of withholding exemptions: _____
j. Previously employed by _____
for _____ years prior to the above employment.
k. Cost of monthly medical insurance for self: \$ _____
l. Cost of monthly medical insurance for dependents: \$ _____
m. Cost of monthly dental insurance for self: \$ _____
n. Cost of monthly dental insurance for dependents: \$ _____
o. If insurance coverage is in place, list the names of who the insurance covers: _____

9. I have the following additional sources of income: (for example, public assistance, social security, Supplemental Security Income, pensions, Retirement and Survivors Disability Income, renters income, child support for other children):
Source: _____ \$ _____ month
Source: _____ \$ _____ month
Source: _____ \$ _____ month
10. The value of the property I currently own by myself or with someone else is:
Home \$ _____
Household goods \$ _____
Purchase price of my home \$ _____
Balanced owed on my home \$ _____
Other real estate \$ _____
Checking/savings \$ _____
Automobiles \$ _____ (year and make) _____
Recreational vehicles \$ _____ (year and make) _____
Personal property \$ _____

Stocks/bonds/etc. \$ _____

11. I am currently (*check all that apply*):

☐ Married ☐ Separated ☐ Divorced ☐ Living with a companion ☐ Single

If married or living with a companion:

a. Present spouse's name or companion's name: _____

b. Present spouse's or companion's net monthly income: \$ _____

(Note: Question 11(b) only needs to be answered by an obligor who has a duty to support subsequent children) (See Minn. Stat. § 518.551, subd. 5f(1)(i))

12. The following child(ren) either live in my home or I have a legal duty to support, but are not part of this support order or this motion:

Child's Name	Date of Birth	Relationship
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_____	_____	_____
_____	_____	_____
_____	_____	_____

13. My monthly expenses at the present time are as follows:

**Monthly Payment at
Present Time**

a. ☐ House payment or ☐ Rent \$ _____

b. Real Estate Taxes, if not included in (a) \$ _____

c. Association Dues or Lot Rent (for property) \$ _____

d. Insurance: \$ _____

Homeowners, if not included in (a) \$ _____

Car \$ _____

Life \$ _____

e. Utilities: (Average Monthly Amount) \$ _____

Gas \$ _____

Electricity \$ _____

Telephone \$ _____

Water and garbage \$ _____

Cable TV \$ _____

f. Food \$ _____

g. Clothing \$ _____

h. Laundry/dry cleaning \$ _____

i. Personal allowances and incidentals \$ _____

j. Magazine and newspapers \$ _____

k. Uninsured dental expenses \$ _____

l. Uninsured medical expenses \$ _____

m. Child care expenses \$ _____

n. Transportation expenses: \$ _____

Car payment \$ _____

License \$ _____

Gasoline \$ _____

Repairs \$ _____

- o. Recreation/Entertainment \$ _____
- p. Child(ren)'s needs (sports/school/hobbies) \$ _____
- q. Allowances \$ _____
- r. Other (list) _____ \$ _____
- s. Charge accounts and loans (list):

Name of Account		Balance Owed
1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____

TOTAL MONTHLY EXPENSES: \$ _____

14. The following people help me pay my current monthly expenses listed in question 13.
- ☐ Spouse or Companion ☐ Roommate(s) ☐ Relatives ☐ Nobody

The information contained in this Affidavit is true and correct to the best of my knowledge.

Dated: _____

Signature (Sign only in presence of Notary or Court Deputy)

Print Name: _____

Sworn / affirmed before me this
_____ day of _____, _____

Address: _____

City/State/Zip: _____

Telephone: (_____) _____

Notary Public/ Deputy Court Administrator